Missouri Department of Health & Senior Services

Health Advisory

May 31, 2007

Health Advisory:

Serious Eye Infections Associated With Soft Contact Lens Solution

May 31, 2007

This document will be updated as new information becomes available. The current version can always be viewed at http://www.dhss.mo.gov

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

> Office of the Director 912 Wildwood P.O. Box 570 Jefferson City, MO 65102 Telephone: (800) 392-0272 Fax: (573) 751-6041

Web site: http://www.dhss.mo.gov

FROM: JANE DRUMMOND

DIRECTOR

SUBJECT: Early Report of Serious Eye Infections Associated With

Soft Contact Lens Solution

The following information was taken from a Centers for Disease Control and Prevention (CDC) *Health Advisory* issued May 25, 2007. Missouri-specific information has been added.

CDC has received reports of 138 cases of culture-confirmed *Acanthamoeba* keratitis (AK) in 35 states (including Missouri) and Puerto Rico, with complete patient data available for 46 case-patients. Thirty-nine of the 46 case-patients wore soft contact lenses. Preliminary information from patient interviews indicates that, among soft contact lens users who reported the use of any type of solution, 21 (58%) reported having used Advanced Medical Optics (AMO) Complete^R MoisturePlusTM Multi-Purpose Solution in the month prior to symptom onset. Out of the 37 case-patients for whom clinical data was available, 9 (24%) failed medical therapy and required or are expected to undergo corneal transplantation.

People who wear soft contact lenses who use Advanced Medical Optics (AMO) Complete^R MoisturePlusTM Multi-Purpose Solution should:

- Stop using the product immediately and discard all remaining solution, including partially used or unopened bottles. Choose an alternative contact lens solution.
- Discard current lens storage container.
- Discard current pair of soft lenses.
- See a health care provider if experiencing any signs of eye infection: eye pain, eye redness, blurred vision, sensitivity to light, sensation of something in the eye, or excessive tearing.

Clinicians evaluating contact lens users with symptoms of eye pain or redness, tearing, decreased visual acuity, discharge, sensitivity to light, or foreign body sensation should consider AK and refer the patient to an ophthalmologist, if appropriate. Early diagnosis can greatly improve treatment efficacy.

Clinicians or microbiology laboratories should report cases of AK to their local public health agency, or to the Missouri Department of Health and Senior Services (DHSS) at 800/392-0272 (24/7). *Acanthamoeba* isolates should be submitted to the Missouri State Public Health Laboratory (MSPHL) according to instructions provided by MSPHL (see the form on the next page).

For more information, see CDC's *Acanthamoeba* Infection website at: Hhttp://www.cdc.gov/ncidod/dpd/parasites/acanthamoeba/index.htmH.

A Food and Drug Administration (FDA) news release and recall notice can be found at:

- FDA News Release: Hhttp://www.fda.gov/bbs/topics/NEWS/2007/NEW01641.htmlH
- AMO Voluntary Recall: Hhttp://www.fda.gov/oc/po/firmrecalls/amo05_07.htmlH

Questions should be directed to DHSS's Bureau of Communicable Disease Control and Prevention at 573/751-6113 or 866/628-9891

| Missouri Department of Health and Senior Services |
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| Acanthamoeba Keratitis Specimen Submission Form |

Instructions for Specimen Submission

| 1. | Contact Steve Gladbach at the Missouri State Public Health Laboratory (MSPHL) for specific | |
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| | instructions prior to collecting or shipping <i>Acanthamoeba</i> specimens. (573-751-0633) | |
| 2. | Label all specimens with the MSPHL-provided Identification Number and collection date. | |
| 3. | Examples of specimens to collect: | |
| | (Please check all that apply): | |
| | Culture plate (Date of specimen collection://) Corneal scrapings (Date of specimen collection:/) | |
| | Corneal scrapings (Date of specimen collection:/) | |
| | Corneal biopsy (Date of specimen collection:/) | |
| | Contact lenses | |
| | Contact lens case | |
| | Contact lens solution | |
| 4 | Other (please specify): | |
| 4. | Cultures and environmental specimens (e.g., contact lenses, lens cases, and lens solution) should | |
| 5 | be shipped at room temperature. Corneal scrapings and biopsies should be shipped at room temperature in saline solution without | |
| 5. | preservatives. Specimens that were previously frozen should be shipped frozen on dry ice. | |
| 6 | All specimens should be placed in protective shipping holders with absorbent material to prevent | |
| 0. | leakage or breakage. | |
| 7. | The primary specimen holder must be placed in a secondary protective container for shipping, and | |
| ,. | then shipped as directed by MSPHL. | |
| | then simpled as directed by 1451 112. | |
| | | |
| Contact Per | rson at MSPHL: Steve Gladbach | |
| Commet I CI | Phone: 573-751-0633 | |
| | Email: stephen.gladbach@dhss.mo.gov | |
| | Mailing address: Missouri State Public Health Laboratory, 101 North Chestnut, | |
| | Jefferson City, MO 65101 | |
| UUUUUUS | Specimen Information | |
| | | |
| ID Number | (Assigned by MSPHL): | |
| (**This should be the same State/Local Study ID Number recorded on the Case Report Form**) | | |
| | | |
| | | |
| Date specin | nen(s) sent to MSPHL:/ | |
| | | |